

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1955

State File No. **14456**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wash. Township		c. CITY OR TOWN Nevada	
c. LENGTH OF STAY (in this place) 2 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 3 Nevada Mo		e. STREET ADDRESS (If rural, give location) 322 West Austin	

3. NAME OF DECEASED (Type or Print) BERTHA - MAY - FESSLER			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1955		
5. SEX f.			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow			8. DATE OF BIRTH April 24, 1882		
9. AGE (In years last birthday) 72			10. IF UNDER 1 YEAR: Days 11 Hours 27 Min. -		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) f. Practical Nurse			10b. KIND OF BUSINESS OR INDUSTRY none		
11. BIRTHPLACE (City and State or Foreign Country) 0			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John May		13b. MOTHER'S MAIDEN NAME Elizabeth Thomas		14. NAME OF HUSBAND OR WIFE Hiram Fessler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hosp 3 Nevada Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebra Hemorrhage ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 19, 1955**, to **April 21, 1955**, that I last saw the deceased alive on **April 21, 1955**, and that death occurred at **2:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L Barone MD		23b. ADDRESS State Hospital 3 Nevada Mo		23c. DATE SIGNED April 24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 23, 1955		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park Nevada, Missouri	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 4-26-55		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home, Nevada, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis C. Marshall*.....

Licensed Embalmer No. *497*.....

P. O. Address *Nebraska*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.